ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.) / DATE	
	1			
FEE DETERMINATION	'way		7 140	
O.I.P.E. CLASSIFIER			74900	
FORMALITY REVIEW	EH	6.8/25	9/9/00	
RESPONSE FORMALITY REVIEW	N			

INDEX OF CLAIMS

~	Rejected	N	Non-elected
	Allowed	i	Interference
_	(Through numeral) Canceled	Α	Appeal
÷	Restricted	0	Objected

÷ Hestricted U								
Claim	Date	Claim	Date	Claim	Date			
Final Original		Final Original		Final				
	 	51	 	101				
2 1		52		102				
137		53		103				
4		54		104				
5		55		105				
(6)		56		106	 			
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@ 10		60		110				
111	 	61		1111	 			
(12)		62		112				
13		63		113				
14		64		114				
7 15		65		115				
16	 	66	 	116				
17		67 68		117	 			
18)		69		118	+++++			
20	 	70		120	 			
(21)		71		121	 			
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23		73	 	123				
(24)		74	+ + - - - 	124				
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(26)		76		126				
27		77		127				
128		78		128				
(30)		79 80	 	129				
31 +		81	+	131	+ + + + + + + + + + + + + + + + + + + +			
32	 	82	+ 	132				
33	 	83	 	133	 			
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35		85		135				
36		86		136				
7 37		87	 	137	 			
38 39		88	 	138	 			
		89		139	++++			
140	+++++	90		140				
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45	 	95		145	 			
46		96		146				
47		97		147				
48		98		148				
49		99		149	++++++			
50		100		150				

If more than 150 claims or 10 actions staple additional sheet here

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Best Available Copy